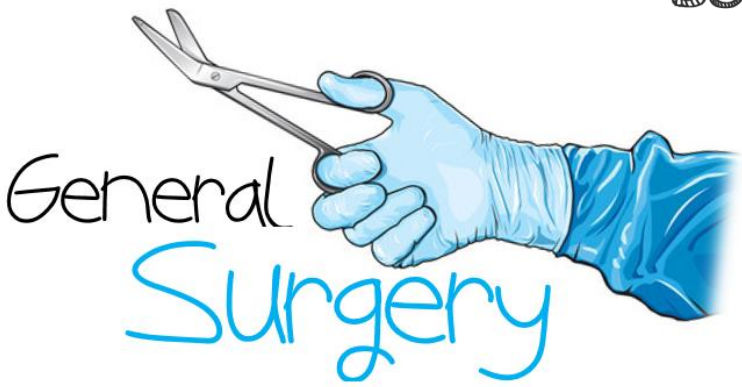
The University Of Jordan
Faculty of Dentistry
fourth Year
2016-2017



☐ slides ☐ handout ☐ sheet

Website : http://dentistry2018.weebly.com/

LECTURE # :
8

DOCTOR :

DONE BY :

CORRECTED BY :

DAY & DATE :
Day, Month, DATE, 2017

PRICE :

Salivary glands disorders

First half of the lecture
It's an important topic in the maxillofacial surgery .

We have major salivary glands (parotid , submandibular, sublingual) and they are paired ,and we have minor salivary glands diffusely scattered in the oral cavity (cheek, lip, palate &tongue), they secrete 10% of the volume of the saliva and account for 70% for the mucous secreted.

Parotid gland is the largest salivary gland in our body , our main concern in the anatomy is that the facial nerve divides the gland in to superficial and deep lobes ,and we have to preserve the nerve when the parotid indicated for surgery .It's duct around 5cm .

Submandibular gland the most important to know that the majority of the gland lay over the external surface of the mylohyoid muscle.

Sublingual gland which is the smallest one and bounded inferiorly by the mylohyoid muscle ,does not have a true facial capsule .and it lacks a major duct and drains instead by 10 small ducts (ducts of Ravinus).

The type of secretion : parotid (serous)

Submandibular (mixed serous and mucous gland)

Sublingual (pure mucous gland)

- Normal function
    - Preparation of food for mastication, swollowing
    - Initiation of the early phase of carbohydrate digestion by mean of alpha amylase, the main digestive enzyme of saliva
    - Maintain of oral and dental hygiene (immunological defense)

- Salivary glands disorders :
- **Functional disorders**
- **Obstructive disorders**
- **Infectious disorders**
- **Neoplastic disorders**

Functional disorders :

- Sialorrhea (Increase in saliva flow)

(i) Psychosis

(ii) mental retardation

(iii) certain neurological diseases

(iv) rabies

(v) mercury poisoning

- Xerostomia (Decrease in saliva flow)

(i) Mumps(النكاف)

(ii) Sarcoidosis(one of the granulomatous diseases that affects mainly the respiratory system but it can affect any part of the body)

(iii) Sjoegrens syndrome (autoimmune disease as a triad of dry mouth, dry eyes, dry joint)

(iv) Lupus

(v) post-irradiation treatment

Mucocele (extravasation of the mucus)

- Secondary to trauma
- 70% occur in lower lip
- Excisional biopsy usually curative

Ranula (mucocele in the sublingual gland itself)

Extravasation deep to the mylohyoid musle and we call it bulging ranula

- Sublingual salivary gland mucocele
- Treatment should include removal of Sublingual gland (the definitive treatment) but sometimes the do deroofing for the wall of the gland but the reccurance rate is 80%)

Obstructive Disorders of the Salivary Glands

- Causes : Obstruction to the flow of saliva via the salivary duct can occur due to the presence of salivary gland stone (Sialolith).
- Obstruction can also secondary to the stricture (Narrowing) of the salivary gland duct.
- Neoplasm in the gland or the duct .
- Sialolithiasis (calculi)
- Associated with Chronic sialiadenitis (recurrent attack of infection)
- Male > female , 50-80 years of age
- submandibular gland Is the commonest site
- the causes :Submandibular saliva

  1.high mucin content

  2.alkaline pH

  3.high phosphate & calcium
- Anatomy

  1.length and irregular course of Wharton's duct

  2.position of ductal orifice

  3.size of orifice smaller than duct lumen

  4. anti gravity flow

- Submandibular gland stone
  - Pain and sudden enlargement of gland while eating (intermittent enlargement)
  - Palpation of stone in the submandibular duct(bimanual plapation)

    Occlusal radiograph (80%)

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